



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
HUMAN RESOURCES PROGRAM  
**APPLICATION FOR TEMPORARY EMPLOYMENT**

**OUR MISSION:** "Preserving And Protecting the State's Natural, Cultural, And Energy Resources"

TO APPLICANTS WITH DISABILITIES: IF YOU HAVE DIFFICULTY WITH ANY PHASE OF THE EMPLOYMENT PROCESS, PLEASE CALL 573-751-2518. REASONABLE ATTEMPTS WILL BE MADE TO ACCOMMODATE SPECIAL NEEDS. TTY/TDD USERS: PLEASE USE THE RELAY MISSOURI NUMBER: 800-735-2966.

IDENTIFICATION			
LAST NAME FIRST NAME MIDDLE			ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE U.S.?  <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME ADDRESS			
SOCIAL SECURITY NUMBER — —	HOME PHONE — —	WORK PHONE — —	INTERNET ADDRESS
POSITION (PLEASE COMPLETE ONE APPLICATION FOR EACH POSITION FOR WHICH YOU ARE APPLYING)			
TITLE AND LOCATION OF POSITION FOR WHICH APPLYING:		CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION AS LISTED ON THE VACANCY NOTICE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF EMPLOYMENT DESIRED:  <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		WHEN COULD YOU START WORK:	MINIMUM SALARY EXPECTATION:
EDUCATION/TRAINING (COLLEGE, MILITARY, VOCATIONAL EDUCATION, AND SO ON.) NOTE: IF SELECTED FOR INTERVIEW, COPIES OF TRANSCRIPTS MAY BE REQUIRED.			
HIGH SCHOOL GRADUATE OR GENERAL EDUCATION DEVELOPMENT TEST  <input type="checkbox"/> YES <input type="checkbox"/> NO  CIRCLE HIGHEST ELEMENTARY/SECONDARY GRADE COMPLETED  1 2 3 4 5 6 7 8 9 10 11 12  NUMBER OF YEARS OF POST SECONDARY EDUCATION (COLLEGE) COMPLETED  1 2 3 4 5 6 ——— OTHER		SCHOOL NAMES AND LOCATIONS:	
HAVE YOU BEEN CONVICTED OF ANY VIOLATION OF THE LAW SINCE YOUR 16 <sup>TH</sup> BIRTHDAY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
I certify the statements made in this application are correct and complete and, if employed, understand that any false or omitted information in this application or its supporting documents will be sufficient grounds for immediate termination. My signature authorizes the Missouri Department of Natural Resources to review my previous employment, driving, and criminal records and order background data as may relate to the position for which I am applying. I also agree to provide the necessary information to conduct this background check.			
ORIGINAL SIGNATURE (UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED)			DATE
NOTICE OF DISCRIMINATION: THE MISSOURI DEPARTMENT OF NATURAL RESOURCES DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, NATIONAL ORIGIN, RELIGION, DISABILITY, OR STATUS AS A VETERAN. ANY PERSON HAVING INQUIRIES CONCERNING THIS NONDISCRIMINATION RESOLUTION ARE ENCOURAGED TO CONTACT THE DIRECTOR OF THE HUMAN RESOURCES PROGRAM, DEPARTMENT OF NATURAL RESOURCES, P.O. BOX 176, JEFFERSON CITY, MISSOURI 65102-0176. TELEPHONE 573-751-2518, TTY/TDD USERS, PLEASE USE THE RELAY MISSOURI NUMBER: 800-735-2966.			

(PLEASE COMPLETE THE SECTION BELOW STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. USE ADDITIONAL SHEETS OF PAPER IF NECESSARY. YOU MAY ATTACH A RESUME IN LIEU OF COMPLETEING THIS SECTION; HOWEVER, FAILURE TO PROVIDE ALL THE INFORMATION REQUESTED MAY RESULT IN REJECTION OF YOUR APPLICATION FOR EMPLOYMENT.)

EMPLOYER'S NAME AND ADDRESS		<b>DUTIES</b> SHOW PERCENT OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT. IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK THEY PERFORMED. IF APPLYING FOR A COMPUTER INFORMATION SPECIALIST POSITION, PLEASE LIST THE SOFTWARE AND COMPUTER LANGUAGES USED, THE PERCENT OF TIME SPENT USING, AND AN EXPLANATION OF HOW USED.	
YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME	PHONE		
MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO      IF NO, WHY?			
REASON FOR LEAVING			

  

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MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO      IF NO, WHY?			
REASON FOR LEAVING			